Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Cory Bryson	M M / D D / Y T Y T Y T Y T Y T Y T Y T Y T Y T Y
Mailing Address 216 Dogwood Ln	08 28 2014 Amount
City State Zip Code  Belmont NC 28012	55.00 Transaction ID : 5f516e16-0f69-49f1-b
	Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	08 28 7 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbut 269352.71  Disbut 2014	orsement For: Primary X General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Cory Bryson	M M / D D / Y Y Y Y Y
Mailing Address 216 Dogwood Ln	08 28 2014
210 20g11000 Zili	Amount
City State Zip Code	21.00
Belmont NC 28012	Transaction ID: 19c7fd42-bd58-44d1-8
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Mileage Out Type 002	08 28 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Disbu	ursement For: Primary X General
Per Election for Office Sought 269352.71	Other (specify)
- <del>-</del>	
(a) SUBTOTAL of Itemized Independent Expenditures	76.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(1) 12 112 mappingon Experimento	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
Ms. Emily Buchanan	
[Electronically Filed] Date 0	8 30 2014
Signature	

Sch	hedule E)	101120	PAGE 2 OF 65 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C C00530766
Che	ck if 24-hour report X 48-hour report X New repo	ort Amends report	filed on
	Full Name of Payee  Ms. Tonya Boyd		Date of Public Distribution/Dissemination  08 28 2014
	Mailing Address 2357 Fancy Cap Rd		Amount
	City State	Zip Code	65.00
	Mt. Airy NC	27030	Transaction ID: 0fa368b2-c5ca-4539-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	08 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ī	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Kay Hagan	X Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For:  Primary  General   2014  Other (specify) ►
	Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination
-	Mailing Address 2357 Fancy Cap Rd		08 28 2014 Amount
			, and an analysis of the second secon
	City State Mt. Airy NC	Zip Code 27030	24.75 Transaction ID : e4537f35-23f3-42a4-b
	Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Kay Hagan	X Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For:  Primary  General  2014  General  Other (specify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures		89.75
(k	b) SUBTOTAL of Unitemized Independent Expenditures		
(c	c) TOTAL Independent Expenditures		<b>•</b>
W	Inder penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronic	cally Filed] Date	08 30 Y 2014
	Signature	-	

Schedule E)	LAPLIND			PAGE 3 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Thomas Dias			Date of Pul	blic Distribution/Dissemination
			08	28 2014
Mailing Address 110 Maryella Dr			Amount	
City	State	Zip Code		50.00
Searcy	AR	72143		n ID: 38db297d-b32c-4ca6-8 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	28 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	68915.77	Disbursement For: 2014 Other (	Primary
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Thomas Dias			08	28 2014
Mailing Address 110 Maryella Dr			Amount	
City	State	Zip Code		29.10
Searcy	AR	72143		ID: 6443ac87-130b-4e9c-8 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	68915.77	Disbursement For 2014 Other (	: Primary
(a) SUBTOTAL of Itemized Independent Expenditure:	s			79.10
(a) CODICINE OF HOMEOUT INCOPORTION Exportation				70.10
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	7 7 7
(c) TOTAL Independent Expenditures			· •	7-1-7-1-75-1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	08 30	

Schedule E)	LIVI EXI EIVE	TI OTILO	<b>⊢</b>	PAGE 4 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Eric J Smith			M M /	28 / 2014
Mailing Address 4967 Dysartville			Amount	
City	State	Zip Code		80.00
Morganton	NC	28655	I	: 013e6c48-1179-4f96-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		269352.71	Disbursement For: [2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Jennifer E Smith			08 /	28 / 2014
Mailing Address 4967 Dysartsville Rd			Amount	
City	State	Zip Code	<u> </u>	80.00
Morganton	NC	28655		: de583caa-b126-4e29-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		269352.71	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expend	itures			160.00
			-	7 -
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>•</b>	7
(c) TOTAL Independent Expenditures			<b>)</b>	7 1 7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 30	2014
Signaturo				

Schedule E)	DENT EXICIO	TIONES	PAGE 5 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	rt New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jennifer E Smith			08 / 28 / 2014
Mailing Address 4967 Dysartsville Rd			Amount
City	State	Zip Code	8.40
Morganton	NC	28655	Transaction ID: 9b8068b5-9b24-438c-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	269352.71	Disbursement For:  Primary  General   2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Donald Dessauer			08 28 2014
Mailing Address 1804 Auburn Ave			Amount
City	State	Zip Code	15.00
Metaire	LA	70003	Transaction ID : ac17b8e2-beb1-4f67-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	100511.94	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		23.40
			7
(b) SUBTOTAL of Unitemized Independent E	rpenditures		•
(c) TOTAL Independent Expenditures			·
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	C 00030700
Check if 24-hour report X 48-hour report New report Amends report file	ed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Donald Dessauer	08
Mailing Address 1804 Auburn Ave	Amount
City State Zip Code	0.60
Metaire LA 70003	Transaction ID: a01d95ee-b3a2-4b66-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	08 / 28 / 2014
	fice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Diagram 100511.94	sbursement For:  Primary
Full Name of Payee	Date of Public Distribution/Dissemination
William M Goldsmith	08 28 2014
Mailing Address 211 Pearl St	Amount
City State Zip Code	72.50
Drexel NC 28619	Transaction ID: b159c043-a0a7-4888-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	08 / 28 / 2014
Name of Federal Candidate Support Of	fice Sought: House District: 00
Ms. Kay Hagan Oppose	President X Senate State: NC
	sbursement For: Primary X General  114 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	73.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	08 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	PAGE 7 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee William M Goldsmith	ate of Public Distribution/Dissemination
Mailing Address 211 Pearl St	08 28 2014 nount
City. Code	45.54
	15.54  ansaction ID : 063f796c-a9fb-4ad1-9 ate of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type 002	08 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sol	ught: House District: 00
Me Key Hegen	esident State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursen 269352.71  Disbursen 2014	ment For:
Full Name of Payee Da Jodi Fountain	ate of Public Distribution/Dissemination
Mailing Address 1010 S Dogwood Drive An	08 28 2014 mount
City State Zip Code	20.00
Bogalusa LA 70427 <b>Tra</b>	insaction ID : 162576bc-9341-4a57-a ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	08 / 28 / 2014
Name of Federal Candidate Support Office So	ought: House District: 00
	esident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburser 2014 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	35.54
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date  Signature	30 / 2014

Schedule E)		IN EXILIND			PAGE 8 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTE					FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
	. [2]	N.	. 🗆 .		-M / D D / Y - Y - Y
Check if 24-hour	report X 48-hour report	New rep	ort Amends repo	ort filed on	
Full Name of Paye  Jodi Fountai					of Public Distribution/Dissemination
Mailing Address <sub>1</sub>	010 S Dogwood Drive			Amou	
City		State	Zip Code		10.80
Bogalusa		LA	70427		action ID : 9194f373-d99f-4ba2-a of Disbursement or Obligation
Purpose of Expend Mileage	diture		Category/ Type 002		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal 0	Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landri	eu		X Oppose	Preside	
Calendar Year Per Election f	-To-Date or Office Sought	, , ,	100511.94	Disbursement 2014 O	t For:
Full Name of Paye				Date of	of Public Distribution/Dissemination
Lorri Anderso	on			M	08 28 2014
Mailing Address	7214 Duchamp Dr				
				Amou	nt
City		State	Zip Code	TI:	35.00
Charlotte		NC	23215	Transa Date	ction ID : fcb75ff0-b2b2-4cc4-b of Disbursement or Obligation
Purpose of Expending Salary	diture		Category/ Type 001	M	08 / 28 / 2014
Name of Federal (	Candidate		Support	Office Sough	t: House District:00
Ms. Kay Hagan			X Oppose	Preside	ent Senate State: NC
Calendar Yea Per Election f	r-To-Date for Office Sought		269352.71	Disbursemen 2014 O	t For: Primary X General
(a) SUBTOTAL of	temized Independent Expendi	itures		<b>•</b>	45.80
(b) SUBTOTAL of	Uniternized Independent Expe	nditures		•	
(c) TOTAL Indepen	dent Expenditures			•	7 7 7
with, or at the reque		didate or authorized			ooperation, consultation, or concert the reporting entity is not a political
Ms. Em	ily Buchanan	[Electron	ically Filed] Date	9 08	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature					

Sch	nedule E)	1120				PAGE 9 OF 65 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC ID	ENTIFICATION NUMBER ▼
W	omen Speak Out PAC				С	C00530766
Che	ck if 24-hour report X 48-hour report New report	Ameno	ds repor	t filed on	- M /	D = D / Y = Y = Y
_	Full Name of Payers				( D ) !!	Division (Division)
	Full Name of Payee Lorri Anderson				of Public 08	Distribution/Dissemination 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 7214 Duchamp Dr			Amou	nt	
-	City State Zip C	Code		— L.		10.20
	Charlotte NC 2321	215				D: 8b297898-8a1e-4fde-9 rsement or Obligation
	Purpose of Expenditure Mileage  Cat	ategory/ Type	002	М	08 /	28 / 2014
Ī	Name of Federal Candidate	Sup	port	Office Sough	t:	House District: 00
	Ms. Kay Hagan	Х Орр	ose	Preside	ent >	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought 26935	52.71		Disbursemen 2014 O	t For: ther (sp	Primary
Γ	Full Name of Payee			Date	of Public	Distribution/Dissemination
1	Sharon t Craig			IV	08 /	28 2014
ŀ	Mailing Address 1410 Bushville Dr				00	2014
1				Amou	nt	
ŀ	City State Zip (	Code				30.00
	Lenoir NC 286	645		Transa Date	ction ID	D: 62f0f218-48b0-4589-9 ursement or Obligation
	Purpose of Expenditure Salary  Cat	ategory/ Type	001	N/	08	28 / 2014
	Name of Federal Candidate	Sup	port	Office Sough	t:	House District: 00
	Ms. Kay Hagan	X Opp	oose	Preside	ent >	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought 26	69352.71		Disbursemen 2014 O		Primary X General ecify) ►
(a	a) SUBTOTAL of Itemized Independent Expenditures			<b>•</b>	7	40.20
(k	b) SUBTOTAL of Unitemized Independent Expenditures			•		
(0	C) TOTAL Independent Expenditures			•	- 7	
W	inder penalty of perjury I certify that the independent expenditures reportith, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.					
	Ms. Emily Buchanan [Electronically	Filed]	Date	M M / / 08	30	/ Y Y Y Y Y 2014
	Signature					

Schedule E)	AT ENDITORIES	PAGE 10 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		M = M / D = D / Y = Y = Y
	New report Amends report filed	on
Full Name of Payee Sharon t Craig		Date of Public Distribution/Dissemination
Mailing Address 1410 Bushville Dr		08 28 2014
		Amount
City Stat	F	12.00
Lenoir NO	28645	Transaction ID: 60c518e5-a6b2-4ff8-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	M 08 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	269352.71 Disbu 2014	rsement For:
Full Name of Payee		Date of Public Distribution/Dissemination
Daniel E Collison		08 28 2014
Mailing Address 3315 Cardinal Ridge Rd		
		Amount
City Sta	te Zip Code	50.00
Greensboro	27410	Transaction ID : fa614376-7178-492f-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	M 08 / 28 / Y 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Ms. Kay Hagan	∑ Oppose □	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	269352.71 Disbu	rsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	62.00
(b) SUBTOTAL of Uniternized Independent Expenditures.	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of either	
Ms. Emily Buchanan	[Electronically Filed] Date 08	8 30 2014
Signature		

Schedule E)	LIVI EXI END	HONES	<u> </u>	PAGE 11 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Daniel E Collison			08 /	28 / 2014
Mailing Address 3315 Cardinal Ridge Rd			Amount	
City	State	Zip Code		19.80
Greensboro	NC	27410		: e21ee701-8e8a-4701-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		269352.71	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee	<u> </u>		Date of Public	Distribution/Dissemination
Elizabeth M Moore			08	28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1223 Silver Sage Dr Apt 303	i.		Amount	
City	State	Zip Code		13.00
Raleigh	NC	27606		e e759c3f7-6665-4b13-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-, -,	269352.71	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendent	ditures			32.80
(b) CURTOTAL of Heiteriand Index and at Foreign			7	
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•	
(c) TOTAL Independent Expenditures			<b>•</b>	4
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 30	2014
•				

Schedule E)	101120	PAGE 12 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New repo	ort Amends report file	ed on Mam / Dad / Yayayay
Full Name of Payee		Data of Bublic Birthin time (Birthin time
Elizabeth M Moore		Date of Public Distribution/Dissemination  08 28 2014
Mailing Address 1223 Silver Sage Dr Apt 303		Amount
City State	Zip Code	2.91
	27606	Transaction ID : befd1a6c-e187-49d9-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Offi	ice Sought: House District:00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Dis 69352.71 201	bursement For: Primary ☐ General  Other (specify) ▶
Full Name of Payee Sue G Walker		Date of Public Distribution/Dissemination
Mailing Address 3 Girard		08
Cit.: State	7:- Codo	65.00
City State Fort Smith AR	Zip Code 72901	65.00  Transaction ID: b93d84cd-1838-43da-a  Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 28 / 2014
Name of Federal Candidate	Support Off	ice Sought: House District: 00
Mr. Mark L Pryor	∑ Oppose □	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	68915.77 Dis	bursement For: Primary ☐ General  Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures		67.91
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>•</b>	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	cally Filed] Date	08 30 2014
Signature	_	

Schedule E)	)Litti	/// O. L.C.		PAGE 13 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
			M = M	/ D D / Y Y Y Y Y
Check if 24-hour report 48-hour report	t New rep	port Amends repo	ort filed on	
Full Name of Payee Sue G Walker			Date of Pub	lic Distribution/Dissemination  / Page / Yayayayayayayayayayayayayayayayayayayay
Mailing Address 3 Girard			Amount	20 2014
City	State	Zip Code		16.80
Fort Smith	AR	72901		ID : 6ff3096d-d9fd-4fb1-b oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M M	28 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		68915.77	Disbursement For: 2014 Other (s	Primary
Full Name of Payee Carol L Walters			Date of Pub	lic Distribution/Dissemination
			08 N	28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1900 Glen West Way			Amount	
City	State	Zip Code		65.00
Fort Smith	AR	72916	Transaction Date of Disk	ID: 9c793a17-e0e9-4bd3-9 pursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 08	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		68915.77	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Exper	nditures			81.80
(4) 332131112 31 13311121 111121 111121				
(b) SUBTOTAL of Unitemized Independent Ex	penditures		· •	4
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7 7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorize			
Ms. Emily Buchanan	[Electro	onically Filed] Date	9 08 30	2014
Signature				

Schedu	le E)	1 =/(1 = (1 = )	101120		PAGE 14 OF 65 FOR SE OF FORM 24/48	
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER	<b>—</b>
Wome	n Speak Out PAC				C C00530766	1
					M M / D D / Y Y Y Y	_
Check if	24-hour report X 48-hour report	New repo	ort Amends rep	ort filed on	M   M   / D   D   / Y   Y   X   X	
	ame of Payee OI L Walters				of Public Distribution/Dissemination	
	g Address 1900 Glen West Way			L	08 28 2014	
	1300 Gleff West Way			Amor	unt	
City		State	Zip Code	─ <b></b>   :	1.80	
Fort S	Smith	AR	72916		saction ID : 6f5a1465-66ea-41a5-b of Disbursement or Obligation	
Purpo Milea	se of Expenditure ge		Category/ Type 002		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name	of Federal Candidate		Support	Office Soug	ht: House District: 00	
Mr. M	lark L Pryor		X Oppose	Presid		_
	Calendar Year-To-Date Per Election for Office Sought	7	68915.77	Disburseme 2014	ent For: Primary X Genera	al
	ame of Payee				e of Public Distribution/Dissemination	
Wai	rren Gravois				M M / D D / Y Y Y	Υ
	g Address 16005 7th St				08 28 2014	
	10003 /111 31			Amo	punt	
City		State	Zip Code		37.50	
	lington	MS	39572	<b>Trans</b> Date	saction ID: 17a11153-c83d-45a4-a e of Disbursement or Obligation	
Purpo Salar	se of Expenditure Y		Category/ Type 001	$\Box \mid \Box$	08 / 28 / 2014	Y
Name	of Federal Candidate		Support	Office Soug	ght: House District: 00	
Ms. N	Mary L Landrieu		Oppose	Presid	dent Senate State: LA	_
	Calendar Year-To-Date Per Election for Office Sought	, , ,	100511.94	Disburseme 2014	ent For:	al
(a) SU	BTOTAL of Itemized Independent Expenditure	)S		▶	39.30	
(b) SU	BTOTAL of Unitemized Independent Expendit	ures				٦
						_
(c) TO	TAL Independent Expenditures			·· •	7 1 7 1 7	
with, or	penalty of perjury I certify that the independe at the request or suggestion of, any candida committee) any political party committee or its	ite or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 08	30 2014	
Sigr	nature					

Schedule E)		101120		PAGE 15 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour	r report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publi	ic Distribution/Dissemination
Warren Gravois			08	/ 28 2014
Mailing Address 16005 7th St			Amount	
City	State	Zip Code		1.20
Pearlington	MS	39572		ID : f81c41a1-c9ad-4581-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	28 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	00511.94	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Stephanie L Heun			MIM	/ D D / Y Y Y Y
Mailing Address 8026 S Wilwood Dr	^~± 101		08	28 2014
0020 3 WIIWOOD DI	Apt 101		Amount	
City	State	Zip Code		30.00
Oak Creek  Purpose of Expenditure	WI	53154	Transaction I  Date of Disb	D: 5ade2935-fb9d-4633-b ursement or Obligation
Salary		Category/ Type 001	M 08	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	269352.71	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent	t Expenditures		•	31.20
(b) SUBTOTAL of Unitemized Independ	ent Expenditures		•	4 1 4
(c) TOTAL Independent Expenditures			<b>&gt;</b>	
Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party com-	any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	9 08 30	/ Y Y Y Y Y 2014
Signature				

Schedule	E)	11 EX. E.C.	110.120		PAGE 16 OF 65 FOR SE OF FORM 24/48
	OMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
	e of Payee			Date	of Public Distribution/Dissemination
	n P Bernardini			TV	08 28 2014
Mailing A	ddress 1326 East Field St			Amou	nt
City		State	Zip Code		10.00
Conway		AR	72034		action ID : dc0aa5b0-8617-47a7-8 of Disbursement or Obligation
Purpose Salary	of Expenditure		Category/ Type 001		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of	Federal Candidate		Support	Office Sough	t: House District:00
Mr. Mark	L Pryor		X Oppose	Preside	
	endar Year-To-Date Election for Office Sought	, , , ,	68915.77	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
	e of Payee			<u> </u>	of Public Distribution/Dissemination
Katiyn	P Bernardini			N.	08 28 2014
Mailing A	ddress 1326 East Field St			Amou	
0.75		01.11	- 0 d		2.20
City Conway		State AR	Zip Code 72034	Transa	3.30 action ID : 80e3d5d0-bb2f-455a-b
Purpose Mileage	of Expenditure		Category/ Type 002		of Disbursement or Obligation  08
Name of	Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Mark	L Pryor		X Oppose	Preside	
	endar Year-To-Date Election for Office Sought	7	68915.77	Disbursemer 2014	at For:  Primary
( ) CUDT				-	1000
(a) SUBI	OTAL of Itemized Independent Expenditu	res		. •	13.30
(b) SUBTO	OTAL of Unitemized Independent Expendent	ditures		· •	
(c) TOTAL	Independent Expenditures			•	7
with, or at	alty of perjury I certify that the independ the request or suggestion of, any candio mittee) any political party committee or its	date or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / 08	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signatu	re				

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 17 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Caleb Craig			08 / 28 / 2014
Mailing Address 1410 Bushville drive			Amount
City	State	Zip Code	100.00
Lenoir	NC	28645	Transaction ID: 086db3e3-3da5-44bc-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	269352.71	Disbursement For:
Full Name of Payee	_		Date of Public Distribution/Dissemination
Caleb Craig			08 28 2014
Mailing Address 1410 Bushville drive			Amount
City	State	Zip Code	21.60
Lenoir	NC	28645	Transaction ID : f8a3c50c-e2fd-409c-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		269352.71	Disbursement For:  Primary  General  2014  General
(a) SUBTOTAL of Itemized Independent Expen	ditures		121.60
			7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Schedule E)	IN OF INDEPENDE	VI EXPEND	ITOTILS		PAGE 18 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (	In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak O	ut PAC				C C00530766
Check if 24-hour repo	ort X 48-hour report	New rep	ort Amends	s report filed	I on Mam / Dab / Yayayay
Full Name of Payee Bradley K Kiss	inger				Date of Public Distribution/Dissemination
Mailing Address 3113	Imperial Valley Dr.				08 28 2014 Amount
City		State	Zin Codo		40.00
Little Rock		AR	Zip Code 72212		Transaction ID : 16ca578d-1f43-497d-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	re		Category/ Type	001	08
Name of Federal Can	didate		Supp	ort Office	e Sought: House District: 00
Mr. Mark L Pryor			<b>Х</b> Орро		President Senate State: AR
Calendar Year-To Per Election for (	_ ****	7	68915.77	Disbu 2014	ursement For:
Full Name of Payee					Date of Public Distribution/Dissemination
Bradley K Kissir	nger				08 28 2014
Mailing Address 31	13 Imperial Valley Dr.				Amount
City		State	Zip Code		12.30
Little Rock		AR	72212		Transaction ID : da953a17-f868-4117-a Date of Disbursement or Obligation
Purpose of Expenditu Mileage	re		Category/ Type	002	08 / 28 / Y 2014
Name of Federal Can	didate		Supp	ort Offic	e Sought: House District: 00
Mr. Mark L Pryor			X Oppo	ose	President Senate State: AR
Calendar Year-To Per Election for (		7 7	68915.77	Disb 2014	ursement For: Primary
(a) SURTOTAL of Itom	nized Independent Expenditu	iroc			52.20
(a) SOBTOTAL OF REIT	iized independent Expendito	iies			52.30
(b) SUBTOTAL of Unit	emized Independent Expend	ditures		·····	
(c) TOTAL Independer	t Expenditures			······	
with, or at the request		date or authorized			ade in cooperation, consultation, or concert ir, or (if the reporting entity is not a political
Ms. Emily I	Buchanan	[Electron	ically Filed]		08 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	. LXI LIID			PAGE 19 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee Mattie Harris			M	f Public Distribution/Dissemination
Mailing Address 3654 Tara St			Amour	08 28 2014 nt
City	State	Zip Code		62.50
springdale	AR	72762		action ID : 2f6d2e27-70a9-4e15-a  f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	nt Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 1 7	68915.77	Disbursement 2014 Ot	For: Primary
Full Name of Payee			Date of	of Public Distribution/Dissemination
Mattie Harris			М	08 / 28 / 2014
Mailing Address 3654 Tara St			Amour	nt
City	State	Zip Code	<u> ПГ.</u>	20.10
springdale	AR	72762		ction ID : 259daff8-7e59-47cf-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		08 / 28 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	68915.77	Disbursement 2014 Of	t For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	98		. •	82.60
(b) SUBTOTAL of Unitemized Independent Expendit	ures		· •	
(c) TOTAL Independent Expenditures			· ·	7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	e 08	30 / 2014

Sch	hedule E)	<b>L</b> /( <b>L</b> ( <b>L</b> )	10.120		PAGE 20 OF 65 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
T	Full Name of Payee Beau Autin				of Public Distribution/Dissemination
-	Mailing Address 345 Auroura Ave			Amou	08 28 2014
					20.00
	-		Zip Code 70006		60.00 saction ID : f94d20f5-bb32-4bb0-9 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		08 / 28 / 2014
1	Name of Federal Candidate		Support	Office Sough	ht: House District:00
	Ms. Mary L Landrieu		X Oppose	Preside	lent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	1	100511.94	Disbursemen 2014	nt For:
	Full Name of Payee Beau Autin				of Public Distribution/Dissemination
	Mailing Address 345 Auroura Ave			Amou	
-	City	State	Zip Code		4.59
		LA	70006	<b>Transa</b> Date	action ID: 7239d578-a33d-4286-a of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		08 / 28 / 2014
	Name of Federal Candidate		Support	Office Sough	ht: House District: 00
	Ms. Mary L Landrieu		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought		100511.94	Disbursemer 2014	nt For: Primary X General  Other (specify) ▶
(8	a) SUBTOTAL of Itemized Independent Expenditures				64.59
(k	b) SUBTOTAL of Unitemized Independent Expenditures	)S		•	7 1 7 1 7
(0	c) TOTAL Independent Expenditures			· ·	7
W	Under penalty of perjury I certify that the independent of vith, or at the request or suggestion of, any candidate context committee) any political party committee or its age	or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 08 /	30 / 2014
	Signature				

Schedule E)	IN EXIEND	HONES	_	AGE 21 OF 65 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	0530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	Distribution/Dissemination
Jacob T Craig			08	28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1410 Bushville Dr			Amount	
City	State	Zip Code		63.00
Lenoir	NC	28645		: e86cbec8-0a1f-40f7-a ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	269352.71	Disbursement For: 2014 Other (speci	Primary
Full Name of Payee			Date of Public D	Distribution/Dissemination
Jacob T Craig			08 /	28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1410 Bushville Dr			Amount	
City	State	Zip Code		8.40
Lenoir	NC	28645		41f060bf-9a62-41d5-a ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , , ,	269352.71	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures			71.40
			7	7
(b) SUBTOTAL of Unitemized Independent Exper	ditures		<b>&gt;</b>	4
(c) TOTAL Independent Expenditures			<b>•</b>	7 1 7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 30	2014
=				

Schedule E)	ENT EXIEND	TIONES	PAGE 22 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Amanda Boley			08 / 28 / 2014
Mailing Address Split Oak Drive			Amount
City	State	Zip Code	52.50
charlotte	NC	28227	Transaction ID : c6b27096-f1d9-40cf-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		100511.94	Disbursement For:  Primary  General  Q014  Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Amanda Boley			08 / 28 / 2014
Mailing Address Split Oak Drive			Amount
City	State	Zip Code	22.80
charlotte	NC	28227	Transaction ID : 7ecb77b6-8d87-409d-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	100511.94	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		75.30
			7- 7- 7-
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	JENT EXICITE	TI OTILO	PAGE 23 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lisa Booth			08 / 28 / 2014
Mailing Address 1434 South Avenue			Amount
City	State	Zip Code	100.00
Eden	NC	27288	Transaction ID: 99b4d543-95f2-424e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	269352.71	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lisa Booth			08 / 28 / 2014
Mailing Address 1434 South Avenue			Amount
City	State	Zip Code	10.50
Eden	NC	27288	Transaction ID : b9957130-1098-4b7d-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		269352.71	Disbursement For:  Primary  General  2014  General
(a) SUBTOTAL of Itemized Independent Exper	nditures		110.50
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 30 7 2014
5.3			

Schedule E)	ADEI ENDENT EXI END	TIONES	PAGE 24 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 4	3-hour report New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Benjamin Hernandez			08 / 28 / 2014
Mailing Address 915 E Market Av	е		Amount
City	State	Zip Code	67.50
Searcy	AR	72149	Transaction ID: e5acfd5b-eb4c-4c7b-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sough	nt	68915.77	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Benjamin Hernandez			08
Mailing Address 915 E Market	Ave		Amount
City	State	Zip Code	50.10
Searcy	AR	72149	Transaction ID : efe0ec60-e1ff-416b-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Soug	nt	68915.77	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Indepe	endent Expenditures		. ▶ 117.60
(b) SUBTOTAL of Unitemized Inde	ependent Expenditures		
			7 7
(c) TOTAL Independent Expenditu	res		<b>&gt;</b>
	on of, any candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
9			

Schedule E)	PAGE 25 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amer	nds report filed on
Full Name of Payee Virginia M Stevens	Date of Public Distribution/Dissemination
Mailing Address 1691 Fork Mtn Rd	08 28 2014 Amount
City State Zip Code Bakersville NC 28705	50.00  Transaction ID : aae08fae-ccb1-4490-a  Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type	001
Name of Federal Candidate	upport Office Sought: House District: 00
Ma Kaullana	ppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought , 269352.71	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Virginia M Stevens	Date of Public Distribution/Dissemination
Mailing Address 1691 Fork Mtn Rd	08 28 2014 Amount
City State Zip Code	25.80
Bakersville NC 28705	Transaction ID : 93779cbc-446c-472f-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type	002
Name of Federal Candidate Su	upport Office Sought: House District: 00
	ppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 269352.71	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	<b>&gt;</b> 75.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Signature	Date 08 / 30 / 2014

Sche	dule E)	EXI EIID					PAGE 26 OF 65 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)					FEC ID	ENTIFICATION NUMBER ▼
Won	nen Speak Out PAC					С	C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amend	ds report	filed on	- M /	D = D / Y = Y = Y = Y
Ful	Name of Payee Malinda Ledford					- M /	Distribution/Dissemination
Ма	uiling Address 44 Bell Street Ext				Amou	08 nt	28 2014
City	V	State	Zip Code				50.00
	pruce Pine	NC	28777				D: e170abfd-bf3a-47d1-9 rsement or Obligation
	rpose of Expenditure alary		Category/ Type	001		08 /	28 / 2014
Na	me of Federal Candidate		Supp	port (	 Office Sough	t:	House District: 00
Ms	s. Kay Hagan		У Орро		Preside	_	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	269352.71		Disbursemen 2014 O	t For: ther (sp	Primary
M	II Name of Payee  lalinda Ledford  ailing Address 44 Bell Street Ext					of Public	Distribution/Dissemination  28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	- 44 Boil Officer Ext				Amou	nt	
Cit Sp	ry pruce Pine	State NC	Zip Code 28777		Transa	ction ID	25.80 D: 6a5b6496-e07e-46cc-9
	rpose of Expenditure ileage		Category/ Type	002	Date	08 /	resement or Obligation
Na	me of Federal Candidate		Supp	port	Office Sough	t:	House District: 00
Ms	s. Kay Hagan		X Opp	ose	Preside	ent >	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		269352.71		Disbursemen 2014 O		Primary X General ecify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures	s			•		75.80
(b)	SUBTOTAL of Unitemized Independent Expenditu	ıres			· [		4
(c)	TOTAL Independent Expenditures				•	1 7	
with,	er penalty of perjury I certify that the independer, or at the request or suggestion of, any candidat y committee) any political party committee or its a	te or authorized					
_	Ms. Emily Buchanan	[Electron	cically Filed]	Date	M M /	30	2014
S	Signature						

Schedule E)				PAGE 27 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo		M / D D / Y B Y B Y B Y
Full Name of Payee Misty A Ledford			M	of Public Distribution/Dissemination
Mailing Address 44 Bell St			Amour	08 28 2014 nt
City	State	Zip Code		50.00
Spruce Pine	NC	28777		action ID: 49cbc7e3-3bd7-4a34-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	08 28 / Y 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	269352.71	Disbursement 2014 Ot	t For: Primary
Full Name of Payee			Date of	of Public Distribution/Dissemination
Misty A Ledford			М	08
Mailing Address 44 Bell St			Amou	nt
City	State	Zip Code		25.80
Spruce Pine	NC	28777		ction ID: a13f7e2e-c90a-4079-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		08 28 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	269352.71	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditure:	s		▶	75.80
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		·· •	7 1 7 1 7 1
(c) TOTAL Independent Expenditures				7 1 7 1 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	e 08	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	DENT EXTEND	ITOTIES	PAGE 28 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	ort Amends repo	rt filed on
Full Name of Payee Theresa A Touchet			Date of Public Distribution/Dissemination
Mailing Address 102 French Street #3			08 28 2014
			Amount
City	State	Zip Code	3.00
New Orleans	NC	70124	Transaction ID: 3f50f7fc-df0f-462e-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		100511.94	Disbursement For: Primary General  2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Theresa A Touchet			08 28 2014
Mailing Address 102 French Street #3			Amount
City	State	Zip Code	0.03
New Orleans	NC	70124	Transaction ID : 261ccf31-fdcf-4cb4-8  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		100511.94	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		3.03
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•
(c) TOTAL Independent Expenditures			·
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	08 30 / 2014
Signaturo			

Schedule E)	LXI LIIDI	IONEO				PAGE 29 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC						C00530766
Check if 24-hour report X 48-hour report	X New repo	rt Ame	ends repo	rt filed on	M /	D   D / Y   Y   Y   Y
Full Name of Payee Barbara E Spritz					- M /	Distribution/Dissemination
Mailing Address 3346 Durham St Ext				Amou	08 nt	28 2014
City St	tate	Zip Code				35.00
		27217				D: 8f3dbd12-c1e7-4136-8 presement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	М	08 /	28 / 2014
Name of Federal Candidate	·	S	upport	Office Sough	t:	House District: 00
Ms. Kay Hagan			ppose	Preside		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	26	69352.71		Disbursemen 2014 O		Primary X General ecify) ▶
Full Name of Payee				Date	of Public	c Distribution/Dissemination
Barbara E Spritz				IV	08 /	28 2014
Mailing Address 3346 Durham St Ext				Amou	nt	
City	tate	Zip Code				4.80
'	NC	27217				D: 698866bf-09c4-4b42-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002		08 /	28 2014
Name of Federal Candidate			Support	Office Sough	t:	House District: 00
Ms. Kay Hagan		X	)ppose	Preside	ent $\sum$	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		269352.71		Disbursemen 2014 O		Primary
(a) SUBTOTAL of Itemized Independent Expenditures						39.80
(,)					7	7
(b) SUBTOTAL of Unitemized Independent Expenditures	S			<b>•</b>		
(c) TOTAL Independent Expenditures				•		7
Under penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized					
Ms. Emily Buchanan	[Electronic	cally Filed]	Date	08 /	30	2014
Signature						

Schedule E)	ENT EXILIN	DITOTILO	PAGE 30 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jeffrey Hampton			08 28 2014
Mailing Address 1700 E Part Ave			Amount
City	State	Zip Code	28.70
Searcy	AR	72149	Transaction ID : 25b5ed19-74f0-45af-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		68915.77	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jeffrey Hampton			08 28 2014
Mailing Address 1700 E Part Ave			Amount
City	State	Zip Code	19.98
Searcy	AR	72149	Transaction ID : dc061594-475e-4865-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		68915.77	Disbursement For:  Primary  General 2014  Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		▶ 48.68
(b) SUBTOTAL of Unitemized Independent Expenses	enditures		•
(c) TOTAL Independent Expenditures			· • · · · · · · · · · · · · · · · · · ·
	ididate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)				PAGE 31 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y B Y B Y
Full Name of Payee Lourdes Lopez				of Public Distribution/Dissemination
Mailing Address 2936 Brushwood Ave				08 28 2014
			Allioui	
City	State	Zip Code		40.00
Springdale	AR	72764		action ID: ca8911e3-e458-4220-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	08 / 28 / 2014
Name of Federal Candidate		Support	Office Sought	:: House District: 00
Mr. Mark L Pryor		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , ,	68915.77	Disbursement 2014 Ot	For: Primary
Full Name of Payee				of Public Distribution/Dissemination
Lourdes Lopez				08 28 2014
Mailing Address 2936 Brushwood Ave				00 20 2017
			Amour	nt
City	State	Zip Code		4.50
Springdale	AR	72764	Transa Date o	ction ID : dcafac36-4b96-4a7d-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		08 28 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor		Oppose	Preside	ent State: AR
Calendar Year-To-Date Per Election for Office Sought		68915.77	Disbursement 2014 Of	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure:	S		•	44.50
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres			71717
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M M /	30 2014
Signature				

Schedule E)	LAPLINDI	TONES		PAGE 32 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo		M / D D / Y B Y B Y
Full Name of Payee Kaleigh J Wagner				of Public Distribution/Dissemination
Mailing Address 18065 Wayne Rd				08 28 2014
			Amour	ıt
City	State	Zip Code		45.00
Odessa	FL	33556		action ID: ac483d37-683d-4799-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	08 / 28 / 2014
Name of Federal Candidate		Support	Office Sought	:: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	nt Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		68915.77	Disbursement 2014 Ot	For: Primary X General
Full Name of Payee				of Public Distribution/Dissemination
Randy M Gold			М	08
Mailing Address 1436 Haigs Creek Dr			Amour	
City	State	Zip Code		45.00
Elgin	SC	29045		ction ID : 69f951f8-fb38-4260-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		08 / 28 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		68915.77	Disbursement 2014 Of	t For: Primary ⊠ General
(a) SUBTOTAL of Itemized Independent Expenditures				90.00
(-)				7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	M M / 08	30 / Y = Y = Y = Y = Y = Y
Signature				

Scl	hedule E)	71101120	PAGE 33 OF 65 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C C00530766
Che	eck if 24-hour report X 48-hour report New rep	eport Amends report	t filed on The state of the sta
T	Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination
}	Mailing Address 1436 Haigs Creek Dr		08 28 2014  Amount
$\mid$	City State	Zip Code	27.69
	Elgin SC	29045	Transaction ID: 841ad0c5-6842-4f23-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	M 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
l	Name of Federal Candidate	Support	Office Sought: House District: 00
	Mr. Mark L Pryor	Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 2014 Other (specify) ▶
	Full Name of Payee David Ford		Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 106 Hillside St		Amount 26 2014
ŀ	City State	Zip Code	87.50
	Spindale NC	28160	Transaction ID: 402f8239-1a7d-49ea-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Kay Hagan	Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For:  Primary  General   2014  General   Other (specify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures		115.19
(	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
(	(c) TOTAL Independent Expenditures		
W	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
		onically Filed] Date	08 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		

Schedule E)	I EXI END			PAGE 34 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
		Amenda Tepe	Transaction L	
Full Name of Payee David Ford			M	Public Distribution/Dissemination  M / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 106 Hillside St			Amount	
City	State	Zip Code	— I	33.48
Spindale	NC	28160		ction ID : e52e3f80-72a3-4a29-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	08 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought		269352.71	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Joneisha Stewart				08 28 2014
Mailing Address 2329 Runnymede Dr			Amount	
City	State	Zip Code		40.00
Marrero	LA	70072	Transac Date of	tion ID : 376b2bca-0e49-46e8-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	8 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	, ,	100511.94	Disbursement 2014 Oth	For: Primary ⊠ General ner (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	es			73.48
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expendit	ures		•	4 4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		30 / 2014
Signature		_		

Sc	hedule E)	L/II LITE.	101123				PAGE 35 OF 65 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
VV	omen Speak Out PAC					С	C00530766
Che	eck if 24-hour report X 48-hour report	X New repo	ort Amen	ds repoi	rt filed on	- M /	D = D / Y = Y = Y
T	Full Name of Payee Nathan D Wirebaugh					- M /	Distribution/Dissemination
-	Mailing Address 7320 Red Maple Dr				Amou	08 nt	28 2014
-	City S	State	Zip Code				25.00
		ОН	43528				<b>D : 97e9fe86-584e-4d01-9</b> Irsement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		08 /	28 / 2014
Ì	Name of Federal Candidate		Sur	oport	Office Sough	t:	House District:00
	Ms. Kay Hagan			pose	Preside	_	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	269352.71		Disbursemen 2014 O	t For: ther (sp	Primary
	Full Name of Payee Christopher Marquess					of Public	Distribution/Dissemination
	Mailing Address 110 W Pecan St				Amou	nt	
ľ	City	State	Zip Code				55.00
	Ville Platte	LA	70586		Transa Date	ction ID	D: be5bae3a-b817-44cc-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		08	28 2014
Ì	Name of Federal Candidate		Sur	pport	Office Sough	t:	House District: 00
	Ms. Mary L Landrieu		Х Орр	pose	Presid	ent $\sum$	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		100511.94		Disbursemer 2014		Primary
(	(a) SUBTOTAL of Itemized Independent Expenditures				<b>.</b>		80.00
(	(b) SUBTOTAL of Unitemized Independent Expenditure	es			•	1 7	
(	(c) TOTAL Independent Expenditures				<b>•</b>		
٧	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
	Ms. Emily Buchanan	[Electron:	ically Filed]	Date	08	30	2014
	Signature						

Sc	chedule E)		PAGE 36 OF 65 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC		C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends	report file	d on M = M / D = D / Y = Y = Y
Т	Full Name of Payee		Date of Public Distribution/Dissemination
	Christopher Marquess		08 28 2014
	Mailing Address 110 W Pecan St		Amount
ŀ	City State Zip Code		26.70
	Ville Platte LA 70586		Transaction ID : 953cea45-2371-4dd4-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type	002	08 / 28 / 2014
ı	Name of Federal Candidate Suppo	ort Offic	ce Sought: House District: 00
	Ms. Mary L Landrieu Oppos		President State: LA
	Calendar Year-To-Date Per Election for Office Sought	Disk 2014	oursement For: Primary X General  Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Timothy Foley		08 28 2014
ŀ	Mailing Address 20679 Glenbrook Terrace		00 20 2017
	200.0 00.00.000		Amount
ŀ	City State Zip Code		60.00
	Sterling VA 20165		Transaction ID : 5c198083-afd2-4a6c-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type	001	08 / 28 / 2014
I	Name of Federal Candidate Suppo	ort Offi	ce Sought: House District: 00
	Ms. Kay Hagan Oppos	se	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought 269352.71	Disl 201	oursement For:  Primary  General  4 Other (specify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures	······	86.70
(	(b) SUBTOTAL of Unitemized Independent Expenditures	······ <b>&gt;</b>	
(	(c) TOTAL Independent Expenditures	······ <b>&gt;</b>	
٧	Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or aga party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed]	Date	08 30 2014
	Signature		

							FOR SE OF	FORM 24/48
NAME OF COMMITTEE (						FEC	IDENTIFICATION	ON NUMBER ▼
Women Speak O	ut PAC					С	C00530766	
Check if 24-hour rep	ort X 48-hour report	X New repo	rt An	nends repo	ort filed on	M = M	/ D D /	Y Y Y Y Y
Full Name of Payee					Dat	te of Pul	blic Distribution	Dissemination
Lee R Carter						08	28	2014
Mailing Address 3110	) Brentwood Rd				Am	ount		
City		State	Zip Code		— F			15.00
Raleigh			27604				n ID: bc7c9ed sbursement or (	
Purpose of Expenditu Salary	re		Category/ Type			08 08	28	2014
Name of Federal Can	didate			Support	Office Sou	ıght:	House	District:00
Ms. Kay Hagan				Oppose		sident	X Senate	State: NC
Calendar Year-To Per Election for (		26	69352.71		Disbursem 2014		: Primary	General
Full Name of Payee		,						/Discouries ation
Lee R Carter					Da	te of Pu	blic Distribution	/Dissemination 2014
Mailing Address 31	10 Brentwood Rd				Am	nount	20	2014
City		State	Zip Code		— I			5.10
Raleigh		NC	27604				ID: 46cefb02- sbursement or 0	
Purpose of Expenditu Mileage	re		Category/ Type			08	28	2014
Name of Federal Car	didate			Support	Office Sou	ıght:	House	District: 00
Ms. Kay Hagan			X	Oppose	Pres	sident	Senate	
Calendar Year-To Per Election for		7	269352.7	71	Disbursen 2014	1	: Primary	General
(a) SUBTOTAL of Item	nized Independent Expenditures.				•		7 7	20.10
(b) SUBTOTAL of Unit	temized Independent Expenditure	es					<i>+ +</i>	
(c) TOTAL Independer	nt Expenditures				•		7 7	
with, or at the request	ry I certify that the independent or suggestion of, any candidate olitical party committee or its ag	or authorized						
Ms. Emily	Buchanan	[Electronic	cally Filed]	Date	M M M	/ 30	D / Y Y 201	4
Signature			- 	2410				

PAGE

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OF

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<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Ralph Smith	08 28 2014
Mailing Address 2090 Fancy Gap Rd	Amount
City State Zip Code	65.00
Mt. Airy NC 27030	Transaction ID : 08b35081-6629-4b7f-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Dist. 269352.71  Dist. 2014	oursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Ralph Smith	08 28 2014
Mailing Address 2090 Fancy Gap Rd	Amount
City State Zip Code	31.29
Mt. Airy NC 27030	Transaction ID : c0f6096c-7139-479c-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	08 / 28 / 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Dist 201	oursement For:  Primary  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	96.29
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	08 30 2014
Signature	

PAGE

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OF

65

Schedu	ile E)	II EXI EIID			PAGE 39 OF 65 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	en Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
	lame of Payee			Date	of Public Distribution/Dissemination
	sica Habakjian				08
Mailir	g Address 4193 W. Lang St			Amou	nt
City		State	Zip Code	-	80.00
Farm	ville	NC	27828		action ID : 261938bc-e909-4a9e-8 of Disbursement or Obligation
Purpo	se of Expenditure 'Y		Category/ Type 001		08 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name	of Federal Candidate		Support	Office Sough	nt: House District:00
Ms. k	Kay Hagan		X Oppose	Preside	NO.
	Calendar Year-To-Date Per Election for Office Sought	2	269352.71	Disbursemen 2014	nt For: Primary X General
Full N	lame of Payee	_			of Public Distribution/Dissemination
Jes	sica Habakjian				/ M / D D / Y Y Y Y
Mailir	ng Address 4193 W Lang St			_ L	08 28 2014
	ng Address 4193 W. Lang St			Amou	ınt
City		State	Zip Code		10.20
	nville	NC	27828	Transa Date	action ID: b272052d-942f-485b-b of Disbursement or Obligation
Purpo Milea	ose of Expenditure age		Category/ Type 002		08 / 28 / 2014
Name	e of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. I	Kay Hagan		X Oppose	Presid	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	7 7	269352.71	Disbursemer 2014	nt For:  Primary
(a) SU	IBTOTAL of Itemized Independent Expenditur	'es		· •	90.20
(b) SU	IBTOTAL of Unitemized Independent Expendent	itures		· •	7 7 7 7
(c) TO	TAL Independent Expenditures			•	
with, o	penalty of perjury I certify that the independ r at the request or suggestion of, any candid committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / 08	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Sig	nature				

Schedule E)		PAGE 40 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New r	report Amends report file	ed on Man / Dab / Yayayay
Full Name of Payee James W Blevins		Date of Public Distribution/Dissemination
Mailing Address 108 East Clinton St		08 / 28 / 2014
PO Box 410		Amount
City State	Zip Code	27.50
Salemburg	28385	Transaction ID : 4dd6579e-cd43-4bed-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 28 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	269352.71 Disl 201	bursement For:  Primary  General  4  Other (specify) ▶
Full Name of Payee  James W Blevins		Date of Public Distribution/Dissemination
Mailing Address 108 East Clinton St		08 28 2014
PO Box 410		Amount
City State	Zip Code	9.60
Salemburg NC	28385	Transaction ID : ba054255-eb99-4883-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	08 / 28 / 2014
Name of Federal Candidate	Support Offi	ce Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	269352.71 Dis 201	bursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	<b>&gt;</b>	37.10
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures		
		7 7 1 2
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electr	ronically Filed] Date	08 30 2014
Signature	_	

Schedule E)	AT ENDITORIES	PAGE 41 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report fil	ed on
Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination
Mailing Address 9909 Treasure Hill Rd		08 28 2014 Amount
City Stat	te Zip Code	30.00
Little Rock AF	·	Transaction ID: 7270c7b2-50a6-467b-9  Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	ice Sought: House District:00
Mr. Mark L Pryor	∑ Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	68915.77 Dis	bursement For: Primary General  Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Patrice Wolfe		08 28 2014
Mailing Address 9909 Treasure Hill Rd		Amount
City Sta	'	15.00
Little Rock Af	72205	Transaction ID: 0e29ca95-2374-499a-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	08 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	fice Sought: House District: 00
Mr. Mark L Pryor	Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought	68915.77 Dis	sbursement For: ☐ Primary ☐ General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	45.00
(b) SUBTOTAL of Unitemized Independent Expenditures.	······	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of eit	
Ms. Emily Buchanan	[Electronically Filed] Date	08 30 2014
Signature		

Schedule E)	DEITI EXI EITD	HORLS	PAGE 42 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	oort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Tonya Boyd			08 / 28 / 2014
Mailing Address 2357 Fancy Cap Rd			Amount
City	State	Zip Code	65.00
Mt. Airy	NC	27030	Transaction ID : 0c1033f4-ea58-48b7-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		269352.71	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Tonya Boyd			08
Mailing Address 2357 Fancy Cap Rd			Amount
City	State	Zip Code	31.26
Mt. Airy	NC	27030	Transaction ID : 1afa7aca-4e3c-42b8-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-	269352.71	Disbursement For:  Primary  ☐ General  Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expe	nditures		96.26
			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		·
(c) TOTAL Independent Expenditures			<b>•</b>
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 9			

Schedule E)	11 -7	1101120		PAGE 43 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Data of F	Public Distribution/Dissemination
Lily Green			Date of F	M / D D / Y Y Y Y
Mailing Address 205 Medallion Circle			Amount	
City	State	Zip Code		40.00
Shreveport	LA	71119		ion ID : da1fd493-cac1-48ba-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	100511.94	Disbursement For 2014 Othe	or:
Full Name of Payee			Date of F	Public Distribution/Dissemination
Lily Green			M 08	
Mailing Address 205 Medallion Circle			Amount	
City Shreveport	State LA	Zip Code 71119	Transaction Date of I	24.00 on ID : 981d435d-be61-4414-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	100511.94	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expenditu	res			64.00
#X				7 1 7 1 7 1
(b) SUBTOTAL of Unitemized Independent Expend	itures		• •	7 7 7
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		30 / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y
Signature				

Schedule E)	DEITI EXI END	ITOTILO	PAGE 44 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Gregory Green			08 / 28 / 2014
Mailing Address 2506 Bolch Street			Amount
City	State	Zip Code	40.00
Shreveport	LA	71104	Transaction ID: 4d7866c5-02ab-4714-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		100511.94	Disbursement For: Primary
Full Name of Payee	·		Date of Public Distribution/Dissemination
Gregory Green			08 28 2014
Mailing Address 2506 Bolch Street			Amount
City	State	Zip Code	24.00
Shreveport	LA	71104	Transaction ID: 51635241-8a77-405c-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		100511.94	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expe	nditures		64.00
#X			
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	08

Schedule E)	EXI END	TOTILO		PAGE 45 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends re	eport filed o	n M = M / D = D / Y = Y = Y
Full Name of Payee Francis Richardson				Date of Public Distribution/Dissemination
Mailing Address 220 Doucet Rd				08 28 2014 Amount
City	State	Zip Code		25.00
Lafayette	LA	70503		Transaction ID : fd08ba9d-e640-45bb-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 00	01	08 / 28 / 2014
Name of Federal Candidate		Support	Office	Sought: House District: 00
Ms. Mary L Landrieu		X Oppose		President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	00511.94	Disburs 2014	ement For: Primary General  Other (specify) ▶
Full Name of Payee				Date of Public Distribution/Dissemination
Francis Richardson				08 28 2014
Mailing Address 220 Doucet Rd				20 201
				Amount
City	State	Zip Code		1.83
Lafayette	LA	70503	т	ransaction ID : 289bd49d-8a71-4501-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 00	)2	08 / 28 / 2014
Name of Federal Candidate		Support	Office	Sought: House District: 00
Ms. Mary L Landrieu		Oppose		President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	100511.94	Disburs 2014	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures			····· <b>&gt;</b>	26.83
(b) SUBTOTAL of Unitemized Independent Expenditure	res		····· •	
(c) TOTAL Independent Expenditures			····· •	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed]	ate 08	M / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

	include Ly			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	/omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report X 48-hour report New report Amends report filed		- M	/ D = D /	Y = Y = Y = Y
$\neg$	Full Name of Payee	Date o	of Pub	lic Distribution	/Dissemination
	Shantal C Culbreath		08 <sup>M</sup>	/ D D /	2014
	Mailing Address 4691 Hercules Lane	Amour	nt		
	City State Zip Code				80.00
	Woodbridge VA 22193			ID: 7991c6ea	a-e4b9-45dc-a
	Purpose of Expenditure Salary  Category/ Type 001	М	08 08	28	2014
	Name of Federal Candidate Support Office	Sought	:	House	District:00
	Me Kay Hagan	Preside		X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 269352.71  Disbut 2014	irsement		Primary	General
				specify)	
	Full Name of Payee Michael Vidrine	M	- M	/ D D /	/Dissemination
	Mailing Address 1103 West Wilson Street		08	28	2014
		Amour	nt		
	City State Zip Code				50.00
				ID: a3b189cc bursement or 0	
	Purpose of Expenditure Salary  Category/ Type 001		08 <sup>M</sup>	28	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District:00
		Preside		X Senate	State: LA
				Primary	/ X General
	(a) SUBTOTAL of Itemized Independent Expenditures		.51 (0		130.00
	(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures			- 7-	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 08		30	D / Y Y 201	Y
_	Signature				
		1	v	1	

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Schedule E)	INI EXI END	ITORES	PAC FOR	GE 47 OF 65 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENT	IFICATION NUMBER ▼
Women Speak Out PAC			C C005	530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D / Y = Y = Y
Full Name of Payee Michael Vidrine				tribution/Dissemination
Mailing Address 1103 West Wilson Street				28 2014
5 TTOS West Wilson Street			Amount	
City	State	Zip Code		27.60
Ville Platte	LA	70586	Transaction ID: 0 Date of Disbursem	c3317cc-bc71-4132-9 ent or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M / D	28 / 2014
Name of Federal Candidate		Support	Office Sought:	ouse District: 00
Ms. Mary L Landrieu		X Oppose	President X Se	enate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		100511.94	Disbursement For:  2014  Other (specify	Primary
Full Name of Payee			Date of Public Dis	tribution/Dissemination
Shelbi L Randall			M M / D	28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 202 East Park Ave Apt 40			Amount	
City	State	Zip Code		35.00
Searcy	AR	72143	Transaction ID: 87 Date of Disbursen	71fb524-1e6f-4235-8 nent or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D	28 / 2014
Name of Federal Candidate		Support	Office Sought:	ouse District: 00
Mr. Mark L Pryor		X Oppose	President S	enate State: AR
Calendar Year-To-Date Per Election for Office Sought		68915.77	Disbursement For: 2014 Other (specify	Primary X General
(a) SUBTOTAL of Itemized Independent Expendent	tures		·	62.60
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•	
			7	4 1 4
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7
Under penalty of perjury I certify that the indeperment, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 30	2014
<b>V</b>				

Schedule E)	DENT EXTEND	ATOTILO	PAGE 48 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Shelbi L Randall			08 / 28 / 2014
Mailing Address 202 East Park Ave Apt 40			Amount
City	State	Zip Code	35.00
Searcy	AR	72143	Transaction ID : f74aa01e-b6f2-4169-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	68915.77	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Francesca Blom			08 / 28 / 2014
Mailing Address 101 Asbury Ct			Amount
City	State	Zip Code	102.50
Winchester	VA	22602	Transaction ID: 05b94607-8d27-4564-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		269352.71	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		. ▶ 137.50
(b) SUBTOTAL of Unitemized Independent Ex	penditures		
(.,			45 45 45
(c) TOTAL Independent Expenditures			
	andidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 30 7 2014
-			

Mailing Address 2002 E Park Ave Apt 40  City State Zip Code Searcy AR 72143  Purpose of Expenditure Salary Category/ Type 001  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Taylor N Randall  Mailing Address 2002 E Park Ave Amount  Transaction ID : 3a40ba76-6e4b- Date of Disbursement or Obligation  Transaction ID : 3a40ba76-6e4b- Date of Disbursement or Obligation  O8 28  Amount  Transaction ID : 3a40ba76-6e4b- Date of Disbursement or Obligation  O8 7 28 7 22  Amount  Transaction ID : 3a40ba76-6e4b- Date of Disbursement or Obligation  O8 7 28 7 22  Amount  Transaction ID : 3a40ba76-6e4b- Date of Disbursement or Obligation  O8 7 28 7 22  Disbursement For: Primary X  Other (specify) ►  Full Name of Payee Taylor N Randall	MBER ▼
Check if	Y Y
Check if 24-hour report	Y
Taylor N Randall  Mailing Address 2002 E Park Ave Apt 40  City State Zip Code Searcy AR 72143  Purpose of Expenditure Salary Category/ Type 001  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Taylor N Randall  Mailing Address 2002 E Park Ave Amount  Transaction ID: 3a40ba76-6e4b-Date of Disbursement or Obligation  Category/ Type 001  Support Office Sought: House District Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Disbursement For: Primary X  2014  Other (specify) ▶  Date of Public Distribution/Disser	
Taylor N Randall  Mailing Address 2002 E Park Ave Apt 40  City State Zip Code Searcy AR 72143  Purpose of Expenditure Salary Category/ Type 001  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Taylor N Randall  Mailing Address 2002 E Park Ave Amount  Transaction ID: 3a40ba76-6e4b-Date of Disbursement or Obligation  Category/ Type 001  Support Office Sought: House District Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Disbursement For: Primary X  2014  Other (specify) ▶  Date of Public Distribution/Disser	ination
Apt 40  City State Zip Code Searcy AR 72143  Purpose of Expenditure Salary Category/ Type 001  Name of Federal Candidate Mr. Mark L Pryor Sought Senate State  Calendar Year-To-Date Per Election for Office Sought Sought Senate State  Transaction ID: 3a40ba76-6e4b-Date of Disbursement or Obligation Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. More of Payee Taylor N Randall  Amount Amount Amount Amount Amount Mr. Amount	014
City Searcy Searcy AR 72143  Purpose of Expenditure Salary  Category/ Type 001  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Taylor N Randall  Mark L Pryor  State Zip Code Transaction ID: 3a40ba76-6e4b- Date of Disbursement or Obligation  Support None Suppo	
Searcy  AR  72143  Transaction ID: 3a40ba76-6e4b- Date of Disbursement or Obligation Date of Disbursement or Obligation Transaction ID: 3a40ba76-6e4b- Date of Disbursement or Obligation Date of Disbursement or Obligation  Make and the proof of the Sought:  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Taylor N Randall  Make and the proof of the Sought  Disbursement For: Primary  Other (specify)  Date of Public Distribution/Dissert  Date of Public Distribution/Dissert  Make and the proof of the proof o	
Purpose of Expenditure Salary  Category/ Type  Out  Office Sought:  House District  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee  Taylor N Randall  Date of Disbursement or Obligation  M M M / D D / D / D D  Office Sought:  House District  Senate State  Disbursement For: Primary  Other (specify)  Date of Public Distribution/Dissent  Date of Public Distribution/Dissent  Date of Public Distribution/Dissent	35.00 <b>4a02-</b> a
Salary  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee  Taylor N Randall  Category Type  Office Sought:  House District  Support  Oppose  President  Senate State  Disbursement For: Primary 2014  Other (specify)  Date of Public Distribution/Dissent  Taylor N Randall	
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Taylor N Randall  Mailing Address	014
Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Taylor N Randall  Mailing Address	00
Per Election for Office Sought  Full Name of Payee Taylor N Randall  Mailing Address	AR
Taylor N Randall  Mailing Address	General
08 28 2	nination
Mailing Address	014
Mailing Address 2002 E Park Ave Amount	
Apt 40	
City State Zip Code	28.26
Searcy AR 72143 Transaction ID : 2c632827-ac2e-4 Date of Disbursement or Obligation	
	014
Name of Federal Candidate Support Office Sought: House District	:00
Mr. Mark L Pryor Oppose President State	: _AR
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: ☐ Primary ☐ 2014 ☐ Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures	3.26
(b) SUBTOTAL of Unitemized Independent Expenditures	-
(c) TOTAL Independent Expenditures	-
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date 08 30 2014	

Sch	nedule E)	EXI ENDI	101120		PAGE 50 OF 65 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	ck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
T	Full Name of Payee Patricia G Tiziani				of Public Distribution/Dissemination
-	Mailing Address 221 Williamsburg Dr			L	08 28 2014
				Amou	unt
[	-		Zip Code		10.00
	Mandeville	LA	70471		saction ID : caec355e-2edc-4eff-9 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
h	Name of Federal Candidate		Support	Office Sough	ht: House District: 00
	Ms. Mary L Landrieu		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	1	00511.94	Disbursemer 2014	ent For: Primary ⊠ General Other (specify) ▶
	Full Name of Payee				e of Public Distribution/Dissemination
	Patricia G Tiziani				M = M / D = D / Y = Y = Y
-	Mailing Address 221 Williamsburg Dr			L	08 28 2014
	221 Williamsburg Di			Amou	ount
-	City S	State	Zip Code	$ \Gamma$	3.90
	Mandeville	LA	70471	Transa Date	saction ID: 44e38741-5c03-4766-a of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		08 28 2014
	Name of Federal Candidate		Support	Office Sough	ght: House District: 00
	Ms. Mary L Landrieu		X Oppose	Presid	dent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		100511.94	Disbursemen 2014	ent For:  Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures			>	13.90
(k	b) SUBTOTAL of Unitemized Independent Expenditures	#S		· • [	71171171
(0	c) TOTAL Independent Expenditures			· •	7
W	Inder penalty of perjury I certify that the independent of the request or suggestion of, any candidate carty committee) any political party committee or its age	or authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed] Date	e 08 /	30 / 2014
	Signature				

Schedule E)	JENT EXTEND	TTOTILO	PAGE 51 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Peter D Tiziani			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 221 Williamsburg Dr			Amount
City	State	Zip Code	10.00
Mandeville	LA	70471	Transaction ID : 2d6ee04e-6f5f-4ec7-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	100511.94	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Carla A Wells			08
Mailing Address 2013 Woodwind Way			Amount
City	State	Zip Code	10.00
Van Buren	NC	72956	Transaction ID : 6fddfc2a-0d76-4b85-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		68915.77	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		20.00
(b) SUBTOTAL of Unitemized Independent Exp	oenditures		. •
(c) TOTAL Independent Expenditures			
	indidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 08 30 7 2014
-			

Sc	hedule E)	<b>L</b> /(1 <b>L</b> /(2)					PAGE 52 OF 65 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Ame	nds repo	ort filed on	1 M /	D = D / Y = Y = Y
Т	Full Name of Payee				Date	of Public	c Distribution/Dissemination
	Carla A Wells					08	28 / 2014
	Mailing Address 2013 Woodwind Way				Amou	ınt	
ŀ	City	State	Zip Code		— I L.		1.50
	Van Buren	NC	72956				D: f7facaf3-cc78-43af-8
	Purpose of Expenditure Mileage		Category/ Type	002		08	28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
l	Name of Federal Candidate		Su	upport	Office Sough	nt:	House District:00
	Mr. Mark L Pryor			ppose	Presid	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		68915.77		Disbursemer 2014	nt For: Other (sp	Primary ☐ General
	Full Name of Payee				Date	of Public	c Distribution/Dissemination
	Mary Johnson					M M M	28 2014
ľ	Mailing Address 105 South Dale St						20 2011
					Amou	unt	
ŀ	City	State	Zip Code				80.00
	Spruce Pine	NC	28777		Transa Date	of Disbu	D: 4143b806-d600-4c67-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		08	28 2014
	Name of Federal Candidate		Sı	upport	Office Sough	nt:	House District:00
	Ms. Kay Hagan		X O	ppose	Presid	lent 2	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	,,	269352.71		Disbursemer 2014		Primary
(	(a) SUBTOTAL of Itemized Independent Expenditures	3			•	7	81.50
(	(b) SUBTOTAL of Unitemized Independent Expenditu	ıres			•	1 7	
(	(c) TOTAL Independent Expenditures				· [	-7-	
W	Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized					
	Ms. Emily Buchanan	[Electron	nically Filed]	Date	M M / 08	30	2014
	Signature			Date			

Schedule E)	JENT EXTEND	HORLS	PAGE 53 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Casey Stockton			08 28 2014
Mailing Address 105 South Dale St			Amount
City	State	Zip Code	80.00
Spruce Pine	NC	28777	Transaction ID: 45c66aa3-1b9e-4319-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		269352.71	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Casey Stockton			08
Mailing Address 105 South Dale St			Amount
City	State	Zip Code	22.20
Spruce Pine	NC	28777	Transaction ID : fa3973c4-8978-4c4b-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		269352.71	Disbursement For:  Primary  General  2014  General
(a) SUBTOTAL of Itemized Independent Exper	nditures		102.20
			7 7
(b) SUBTOTAL of Unitemized Independent Ex	oenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			·
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	STIGHT	PAGE 54 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New re	port Amends report f	filed on M = M / D = D / Y = Y = Y
Full Name of Payee Amelia Brackett		Date of Public Distribution/Dissemination
Mailing Address 804 Roundabout Circle		08 28 2014  Amount
City State	Zip Code	20.00
Searcy AR	72143	Transaction ID : 86f0bb09-86d5-408b-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08
Name of Federal Candidate	Support O	office Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		on the displacement in th
Full Name of Payee		Date of Public Distribution/Dissemination
Christine Stevens		08 28 2014
Mailing Address 100 Asbury Ct		Amount
011	7'n Onde	40.00
City State Winchester VA	Zip Code 22602	40.00  Transaction ID: 63f360c5-3f39-4466-8  Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 28 / 2014
Name of Federal Candidate	Support C	Office Sought: House District:00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Other (specify) Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		60.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(S) CODICINE OF CHIROTIES INCOPORTION Exportations infilming		45 45 45
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	onically Filed] Date	08 30 2014
Signature		

Sc	hedule E)	31101120	PAGE 55 OF 65 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C C00530766
Che	eck if 24-hour report X 48-hour report New re	eport Amends repor	rt filed on
T	Full Name of Payee  Jazmine d Conner		Date of Public Distribution/Dissemination
-	Mailing Address 100 ASBURY CT		08 28 7 2014
			Amount
	City State WINCHESTER VA	Zip Code 22602	30.00 Transaction ID : 23ad6a8d-ba9f-473d-b
-	Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
}	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Kay Hagan	X Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	269352.71	Disbursement For:  Primary  General  Other (specify) ►
	Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	Mailing Address 100 Asbury Ct		Amount 20 2014
ŀ	City State	Zip Code	40.00
	Winchester VA	22602	Transaction ID: c83523aa-0bf2-431c-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	M 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Kay Hagan	X Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	269352.71	Disbursement For: Primary ☐ General  Other (specify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures		70.00
(	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
(	(c) TOTAL Independent Expenditures		<b>&gt;</b>
W	Under penalty of perjury I certify that the independent expenditure vith, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electro	onically Filed] Date	08 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		

Scł	hedule E)	VI LIVE!	1101120				PAGE 56 OF 65 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Amei	nds repo	rt filed on	- M /	D = D / Y = Y = Y = Y
Т	Full Name of Payee Thomas Dias					of Public	c Distribution/Dissemination
-	Mailing Address 110 Maryella Dr				Amou	08	28 2014
-							10.00
	City Stat Searcy AR		Zip Code 72143				40.00 <b>D : 06f42d26-3302-437c-9</b> ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		08 /	28 2014
F	Name of Federal Candidate		Su	ıpport	Office Sough	t:	House District: 00
	Mr. Mark L Pryor			opose	Presid	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		68915.77		Disbursemer 2014	t For: ther (sp	Primary ☐ General ecify) ►
	Full Name of Payee Rodney O Culbreath  Mailing Address 100 Asbury Ct					of Public	Distribution/Dissemination
					Amou	int	
	City Stat Winchester VA		Zip Code 22602				40.00 D: 32dec3ad-4f4e-44f0-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		08	28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Name of Federal Candidate		Sı	upport	Office Sough	nt:	House District:00
	Ms. Kay Hagan		X Op		Presid		Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		269352.71		Disbursemer 2014		Primary X General Decify) ▶
(8	a) SUBTOTAL of Itemized Independent Expenditures						80.00
(i	b) SUBTOTAL of Unitemized Independent Expenditures				· •	-	
(0	c) TOTAL Independent Expenditures				· [	1 4	
W	Under penalty of perjury I certify that the independent experit, or at the request or suggestion of, any candidate or earty committee) any political party committee or its agent	authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	08	30	2014
	Signature						

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on Man / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Rodney D Culbreth	08
Mailing Address 100 Asbury CT  3200 Dam Neck Rd	Amount
City State Zip C	Code 40.00
Winchester VA 2260	7
Purpose of Expenditure Salary Cate	tegory/ Type 001 08 / 28 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 269352	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee	
Rze Culbreath	Date of Public Distribution/Dissemination  08 28 2014
Mailing Address 100 Asbury Ct	Amount
City State Zip C	Code 40.00
Winchester VA 2260	
Purpose of Expenditure Salary Cate	tegory/ Type 001 08 28 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 269	Disbursement For: Primary General 2014 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·
Under penalty of perjury I certify that the independent expenditures repor with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically 1	Filed] Date 08 30 2014
Signature	

PAGE

OF

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Schedule E)	. 01123	PAGE 58 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New repo	rt Amends report file	ed on M M M / D D / Y B Y B Y B Y
Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination
Mailing Address 102 S Main Street Apt A2		08 28 2014 Amount
City State	Zip Code	60.00
<b>1</b> *	22611	Transaction ID : 721cccfc-b79a-4e14-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Offi	ice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	Dis 201	bursement For:  Primary  General  4  Other (specify) ▶
Full Name of Payee James Tatro		Date of Public Distribution/Dissemination
Mailing Address 1208 Braeburn Rd		08 28 2014 Amount
City State Charlotte NC	Zip Code 28211	80.00  Transaction ID : 7f2cd449-9a1d-4d68-8  Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 28 / 2014
Name of Federal Candidate	Support Offi	ice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	269352.71 Dis 20°	bursement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	<b>&gt;</b>	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronic Signature	cally Filed] Date	08 30 2014

Schedule E)	JENT EXICITE	TI OTILO	PAGE 59 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	t filed on
Full Name of Payee			Date of Public Distribution/Dissemination
James Tatro			08 / 28 / 2014
Mailing Address 1208 Braeburn Rd			Amount
City	State	Zip Code	6.90
Charlotte	NC	28211	Transaction ID: 4824a654-0632-44c6-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		269352.71	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			08 28 2014
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	45.00
High Point	NC	27260	Transaction ID: d87f93dc-a7f6-48be-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 28 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , , ,	269352.71	Disbursement For:
(a) SUBTOTAL of Itemized Independent Exper	nditures		51.90
(b) SUBTOTAL of Unitermized Independent Ex	nenditures		
(b) SOBTOTAL OF STREETINGS INASPERIOR EX			
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<del>-</del>			

Schedule E)				PAGE 60 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee			Dat	e of Public Distribution/Dissemination
Chris McCoy				08
Mailing Address 1025 Cayley Ct			Am	ount
City Sta	ate	Zip Code		18.60
High Point N	IC	27260		nsaction ID : f02a6eec-b254-4051-a e of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sou	ight: House District: 00
Ms. Kay Hagan		X Oppose		sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	69352.71	Disbursem 2014	nent For:
Full Name of Payee			Dat	te of Public Distribution/Dissemination
Danielle McCoy				08 28 2014
Mailing Address 1025 Cayley Ct			Am	ount
City Sta	ate	Zip Code	$\dashv \sqcap$	115.00
High Point N	IC	27260		nsaction ID: 85cf661f-1a95-4013-8 te of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		M 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sou	ught: House District: 00
Ms. Kay Hagan		X Oppose	Pres	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	,	269352.71	Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures			, r	133.60
(b) SUBTOTAL of Unitemized Independent Expenditures			. •	4 4
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	r authorized			
Ms. Emily Buchanan Signature	[Electroni	ically Filed] Date	08	30 / 2014

Schedule E)	I LAFLIND	ITONES		PAGE 61 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D   D / Y   Y   Y   Y
Full Name of Payee Danielle McCoy			Date of Public	Distribution/Dissemination
Mailing Address 1025 Cayley Ct			08 Amount	28 2014
City	State	Zip Code		22.80
High Point	NC	27260		D: b89bb392-2207-491b-9 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	269352.71	Disbursement For: 2014 Other (spe	Primary ☐ General
Full Name of Payee				: Distribution/Dissemination
Eleanor McCoy			08	28 2014
Mailing Address 4902 Catawba Dr				20 2014
			Amount	
City	State	Zip Code		105.00
Greensboro	NC	27407		: 82c1c21c-731d-4ca8-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	269352.71	Disbursement For: 2014 Other (sp	Primary ☐ General
(a) SUBTOTAL of Itemized Independent Expenditure	es		. >	127.80
(b) SUBTOTAL of Unitemized Independent Expendit	ures		• •	
(c) TOTAL Independent Expenditures			<b>)</b>	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	08 / 30	2014
Signature				

Schedule E)		1101120	F	PAGE 62 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report	48-hour report New repo	ort Amends repor	t filed on	D = D / Y = Y = Y
Full Name of Payee Eleanor McCoy			M = M /	Distribution/Dissemination
Mailing Address 4902 Catawba	 Dr		08 Amount	28 2014
City.	State	7:n Codo		21.90
City Greensboro	NC NC	Zip Code 27407		21.90 <b>): 0e2d2ea9-85b1-4597-8</b> sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 /	28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	NC NC
Calendar Year-To-Date Per Election for Office Souç	ght 2	269352.71	Disbursement For: [2014 Other (spe	Primary
Full Name of Payee Peggy A Sides  Mailing Address 2183 Spokan	e Rd		Date of Public	Distribution/Dissemination  28  2014
City	State	Zip Code		60.00
Fayetteville	NC	28304		: e4d9f5c9-f534-43ab-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 /	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President X	
Calendar Year-To-Date Per Election for Office Sou	ght	269352.71	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Indep	pendent Expenditures		<b>&gt;</b>	81.90
(b) SUBTOTAL of Uniternized Inc.	dependent Expenditures		<b>•</b>	
(c) TOTAL Independent Expendit	ures		<b>)</b>	7 7
	that the independent expenditures ion of, any candidate or authorized ty committee or its agent.			
Ms. Emily Buchanan	[Electron:	ically Filed] Date	08 / 30	2014
Signature				

Schedule E)	LIVI EXI EIVE	ATTOTILES	PAGE 63 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Peggy A Sides			08 / 28 / 2014
Mailing Address 2183 Spokane Rd			Amount
City	State	Zip Code	6.00
Fayetteville	NC	28304	Transaction ID : 4ca8fd11-ffa8-474b-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	269352.71	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Tonya Boyd			08 25 2014
Mailing Address 2357 Fancy Cap Rd			Amount
City	State	Zip Code	80.00
Mt. Airy	NC	27030	Transaction ID: 1809d72d-e60e-481f-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 25 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		269352.71	Disbursement For:  Primary  General   2014  General   Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		86.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			·
	didate or authorize		not made in cooperation, consultation, or concert feither, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Schedule E)	INT EXTEND	TIONES	PAGE 64 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Tonya Boyd			08 / 25 / 2014
Mailing Address 2357 Fancy Cap Rd			Amount
City	State	Zip Code	28.59
Mt. Airy	NC	27030	Transaction ID: 355b7d9f-4428-4522-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 25 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	269352.71	Disbursement For: Primary ☐ General  2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Holly M Tippett			08 28 2014
Mailing Address 595 Saint Gabrielle Dr			Amount
City	State	Zip Code	20.00
Florissant	MO	63033	Transaction ID : f87f009d-88d4-464b-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		68915.77	Disbursement For:  Primary  ☐ General  Other (specify)  ☐
(a) SUBTOTAL of Itemized Independent Expend	tures		. ▶ 48.59
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· -
(c) TOTAL Independent Expenditures			
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 30 7 2014
- 3			

Schedule E)	LIGHT EXPERTS	1101120		PAGE 65 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour	r report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Holly M Tippett			Date of Pub	lic Distribution/Dissemination
Mailing Address 595 Saint Gabrielle Dr			Amount	28 2014
City Florissant	State MO	Zip Code 63033		20.88  ID: 9d42d2fa-32c7-438d-8  bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	Date of Dist	/ D D / Y Y Y Y Y Z Y Z Y Z Z Z Z Z Z Z Z Z Z
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		68915.77	Disbursement For: 2014 Other (s	Primary ⊠ General specify) ▶
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Mailing Address			M = M	/ D D / Y Y Y Y
Mailing Address			Amount	
City	State	Zip Code		
		1	Date of Dis	bursement or Obligation
Purpose of Expenditure		Category/ Type	M = M	/ D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:
		Oppose	President	Senate State:
Calendar Year-To-Date Per Election for Office Sought			Disbursement For:	Primary General
				specify) 🚩
(a) SUBTOTAL of Itemized Independent	Expenditures		· •	20.88
(b) SUBTOTAL of Unitemized Independ	ent Expenditures		•	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	4587.28
Under penalty of perjury I certify that th with, or at the request or suggestion of, party committee) any political party com-	any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	9 08 30	2014
Signature				